

CROSS-SYSTEMS ASSESSMENT TOOL

7/6/04

General Identifying Information:

Student Name: _____ D.O.B. _____
School: _____ Resident School District _____ Grade _____ Age: _____

Information Updates/Review

This assessment tool is designed to be updated at least annually. The IEP team should review updated data from this tool each year to monitor the student's progress and identify specific needs in order to develop IEP goals and objectives. The person responsible for coordinating the annual update of the data and for reviewing this data with the IEP team **should sign the update/review sheet which is the last page of this document**.

I. Disability

A. Disability as noted on:

IEP	_____	_____
		(IEP Date)
ER	_____	_____
		(ER Date)

B. Diagnosed disability/ies (as noted on most recent psychological evaluation)

1. primary	_____	_____
		Cited Source
2. secondary	_____	_____
		Cited Source
3. other medical/ health issues	_____	_____
		Cited Source

NOTES (e.g. Health Status, Significant Life Events, anything else that may have an impact on student's ability to perform in school/community settings)

STRENGTHS

II. Cognitive and Academic Levels

A. Cognitive Testing

1. Most recent full scale IQ score (enter only if 70 or below)* _____
* A diagnosis of Mental Retardation with an IQ of 70 or below must be documented prior to the 21st birthday.
2. Date of testing _____
3. Instrument used _____

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B. Academic Achievement ☐ = differing data or opinion exists

1. Math	Grade 8	Grade 9	Grade 10	Grade 11	Grade 12
Computation <input type="checkbox"/>	____/____ Level/date	____/____ Level/date	____/____ Level/date	____/____ Level/date	____/____ Level/date
TEST USED					
Reasoning <input type="checkbox"/>	____/____ Level/date	____/____ Level/date	____/____ Level/date	____/____ Level/date	____/____ Level/date
TEST USED					
2. Reading	Grade 8	Grade 9	Grade 10	Grade 11	Grade 12
Comprehension <input type="checkbox"/>	____/____ Level/date	____/____ Level/date	____/____ Level/date	____/____ Level/date	____/____ Level/date
TEST USED					/
Decoding <input type="checkbox"/>	____/____ Level/date	____/____ Level/date	____/____ Level/date	____/____ Level/date	____/____ Level/date
TEST USED					
3. Spelling	Grade 8	Grade 9	Grade 10	Grade 11	Grade 12
<input type="checkbox"/>	____/____ Level/date	____/____ Level/date	____/____ Level/date	____/____ Level/date	____/____ Level/date
TEST USED					
Information Provider's Initials/Source					

C. Compensatory Techniques/Learning Accommodations (SDI)**1. Program modifications and accommodations appearing in SDI section of IEP.**

2. Learning style and means used to determine

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D. Course Tracking (indicate the final grade in the appropriate level of instruction box)

LS = Learning Support Class

Reg. Ed = Regular Education Class

Reg. Ed. w/support = Regular Education with resource room support or itinerant support

ES = Emotional Support Class

LSS = Life Skills Support Class

AS = Autism Support Class

AP = Accelerated Course

CS = College Course

☐ = differing data or opinion exists

Note: Enter up to two Program Names for Career Tech

Course	Gr. 8	Gr. 9	Gr. 10	Gr. 11	Gr. 12	Gr. 12+1	Gr. 12+2
Math <input type="checkbox"/>	Grade Inst. Level	Grade Inst. Level	Grade Inst. Level	Grade Inst. Level	Grade Inst. Level	Grade Inst. Level	Grade Inst. Level
English <input type="checkbox"/>	Grade Inst. Level	Grade Inst. Level	Grade Inst. Level	Grade Inst. Level	Grade Inst. Level	Grade Inst. Level	Grade Inst. Level
Social Studies <input type="checkbox"/>	Grade Inst. Level	Grade Inst. Level	Grade Inst. Level	Grade Inst. Level	Grade Inst. Level	Grade Inst. Level	Grade Inst. Level
Science <input type="checkbox"/>	Grade Inst. Level	Grade Inst. Level	Grade Inst. Level	Grade Inst. Level	Grade Inst. Level	Grade Inst. Level	Grade Inst. Level
Career Tech <input type="checkbox"/>	Grade Inst. Level	Grade Inst. Level	Grade Inst. Level	Grade Inst. Level	Grade Inst. Level	Grade Inst. Level	Grade Inst. Level
Program Name	Inst. Level	Inst. Level	Inst. Level	Inst. Level	Inst. Level	Inst. Level	Inst. Level
<input type="checkbox"/>	Grade Inst. Level	Grade Inst. Level	Grade Inst. Level	Grade Inst. Level	Grade Inst. Level	Grade Inst. Level	Grade Inst. Level
Program Name	Inst. Level	Inst. Level	Inst. Level	Inst. Level	Inst. Level	Inst. Level	Inst. Level
Optional Course <input type="checkbox"/>	Grade Inst. Level	Grade Inst. Level	Grade Inst. Level	Grade Inst. Level	Grade Inst. Level	Grade Inst. Level	Grade Inst. Level
Enter Course Name	Inst. Level	Inst. Level	Inst. Level	Inst. Level	Inst. Level	Inst. Level	Inst. Level
Information Provider's Initials							

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III. Self-Determination**RESPONSE CODE:**

- 1-Does not complete task
 2-Does task with maximum assistance
 3-Does task with minimum assistance
 4-Only needs a verbal prompt
 5-Does task independently

☐ = differing data or opinion exists

A. Self Knowledge	Gr. 8	Gr. 9	Gr. 10	Gr. 11	Gr. 12	Gr. 12+1	Gr. 12+2
1. accurately names and explains disability <input type="checkbox"/>							
2. communicates and provides evidence of strengths <input type="checkbox"/>							
3. communicates and identifies needs <input type="checkbox"/>							
4. identifies and requests accommodations based on needs <input type="checkbox"/>							
5. understands reasonable accommodations as related to specific environments (post-secondary, employment, and community living) <input type="checkbox"/>							
6. exhibits decision making skills <input type="checkbox"/>							
7. sets short and long term goals based on abilities, interests, aptitudes, and preferences <input type="checkbox"/>							
8. follows steps to achieve goals <input type="checkbox"/>							
9. adapts to change using problem solving skills <input type="checkbox"/>							
Information Provider's Initials							

III. Self Determination**RESPONSE CODE:** **Yes No N/A (Not Applicable)**

B. Documents/Activities	Gr. 8	Gr. 9	Gr. 10	Gr. 11	Gr. 12	Gr. 12+1	Gr. 12+2
1. has proof of identity/citizenship:	_____	_____	_____	_____	_____	_____	_____
a. birth certificate	_____	_____	_____	_____	_____	_____	_____
b. social security card	_____	_____	_____	_____	_____	_____	_____
c. state photo ID	_____	_____	_____	_____	_____	_____	_____
d. other (driver's license, school, passport, etc.)	_____	_____	_____	_____	_____	_____	_____
2. Selective Service Registration	_____	_____	_____	_____	_____	_____	_____
3. Voter Registration	_____	_____	_____	_____	_____	_____	_____
4. Re-Determination of Disability	_____	_____	_____	_____	_____	_____	_____
5. can list 3 non family references (should be verified)	_____	_____	_____	_____	_____	_____	_____
6. has current resume listing any work experience or community experience	_____	_____	_____	_____	_____	_____	_____
7. has letters of recommendation	_____	_____	_____	_____	_____	_____	_____
8a. has job application summary card	_____	_____	_____	_____	_____	_____	_____
8b. working papers (if under 18)	_____	_____	_____	_____	_____	_____	_____
8c. registered with Career Link	_____	_____	_____	_____	_____	_____	_____
8d. prepared to take drug test/physical if needed	_____	_____	_____	_____	_____	_____	_____
9. is signed up for Paratransit if needed	_____	_____	_____	_____	_____	_____	_____
Information Provider's Initials	_____	_____	_____	_____	_____	_____	_____

IV. Post Secondary Education/Training Checklist

☐ = differing data or opinion exists **RESPONSE CODE: Yes No N/A (Not Applicable)**

In planning to continue your education , are you:	Gr. 8	Gr. 9	Gr. 10	Gr. 11	Gr. 12	Gr. 12+1	Gr. 12+2
1. taking high school courses that will get you into college, technical or business school? <input type="checkbox"/>							
2. attending and actively participating in your Individual Education Plan (IEP) meetings? <input type="checkbox"/>							
3. discussing your psycho-educational assessment* with the school psychologist, counselor, special education teacher, parents? <input type="checkbox"/>							

* It is recommended that a psychoeducational assessment/evaluation be administered by a licensed psychologist or psychiatrist in the senior year in order to insure appropriate accommodations through 4 years of college. The evaluation must specify the student's disability/diagnosis, test results used to establish the disability and related accommodations.)

4. able to describe your disability and its impact on learning? <input type="checkbox"/>							
5. aware of your academic strengths and weaknesses? <input type="checkbox"/>							
6. having meetings with high school special education staff/guidance counselor to discuss what you need to do to prepare for college, technical or business school? <input type="checkbox"/>							
7. taking Scholastic Aptitude Test (SAT) or American College Testing Program (ACT), if required? <input type="checkbox"/>							
8. reading and writing at college qualifying levels? <input type="checkbox"/>							
9. improving your study skills? <input type="checkbox"/>							
10. taking on more difficult tasks without the help of teachers or parents? <input type="checkbox"/>							
11. looking at colleges, technical or business schools that have Disability Resources Centers and programs for students with disabilities? <input type="checkbox"/>							
12. reviewing course offerings in catalogs from colleges, technical or business schools? <input type="checkbox"/>							
13. visiting or planning visits to colleges, technical or business schools that you would like to attend, seen the campuses and met with Disability Resource staff? <input type="checkbox"/>							
14. exploring sources of financial aid? <input type="checkbox"/>							
Information Provider's Initials							

V. Employment

□ = differing data or opinion exists

RESPONSE CODE: Yes No UK (Unknown)

A. Job Readiness Skills	Gr. 8	Gr. 9	Gr. 10	Gr. 11	Gr. 12	Gr. 12+1	Gr. 12+2
1. presents neat and clean appearance <input type="checkbox"/>							
2. dresses appropriately for setting <input type="checkbox"/>							
3. has a consistent attendance record <input type="checkbox"/>							
4. demonstrates punctuality <input type="checkbox"/>							
5. follows a work/break schedule <input type="checkbox"/>							
6. able to access transportation for work <input type="checkbox"/>							
7. expresses desire to work <input type="checkbox"/>							
8. understands responsibilities of a good worker <input type="checkbox"/>							
9. accurately completes job application with or without summary card <input type="checkbox"/>							
10. able to complete alternate format applications (online, phone, electronic, etc.) <input type="checkbox"/>							
11. has interview skills							
a. appropriate dress/grooming <input type="checkbox"/>							
b. firm handshake <input type="checkbox"/>							
c. smile <input type="checkbox"/>							
d. eye contact <input type="checkbox"/>							
e. waits to be seated <input type="checkbox"/>							
f. accurately interpret non-verbal cues/ gestures <input type="checkbox"/>							
g. able to answer general interview questions appropriately <input type="checkbox"/>							
h. able to ask pertinent questions <input type="checkbox"/>							
i. engaged in practice interviews <input type="checkbox"/>							
Information Provider's Initials							

V. Employment
B. Vocational Assessments/Work Experiences

☐ = differing data or opinion exists

Date Range and Grade	Type of Experience	Name of Work or Training Site	Description of Duties	Contact Person and Phone Number	Outcomes
<div>_____</div> <div>To</div> <div>_____</div> <div>Date Range</div> <div>_____</div> <div>Grade</div>	_____	_____	_____	<div>_____</div> <div>Contact</div> <div>_____</div> <div>Phone</div> <div>_____</div> <div>Information Provider's Initials</div> <div><input type="checkbox"/></div>	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

V. Employment

B. Vocational Assessments/Work Experiences

V. Employment**RESPONSE CODE:****1-Does not complete task****2-Does task with maximum assistance****3-Does task with minimum assistance****4-Only needs a verbal prompt****5-Does task independently**☐ = differing data or opinion exists

C. On the Job Skills	Gr. 8	Gr. 9	Gr. 10	Gr. 11	Gr. 12	Gr. 12+1	Gr. 12+2
1 dresses appropriately for work environment (safety gear, unifrom, etc.) <input type="checkbox"/>							
2. displays proper grooming/hygiene on the job <input type="checkbox"/>							
3. demonstrates good work attendance <input type="checkbox"/>							
4. demonstrates punctuality <input type="checkbox"/>							
5. clocks in/out accurately <input type="checkbox"/>							
6. stores personal items in appropriate place <input type="checkbox"/>							
7. brings only work related items to work <input type="checkbox"/>							
8. understands employer expectations <input type="checkbox"/>							
9. tells time in context of work day <input type="checkbox"/>							
10. able to follow weekly work schedule <input type="checkbox"/>							
11. follows verbal directions <input type="checkbox"/>							
12. follows written directions <input type="checkbox"/>							
13. initiates work <input type="checkbox"/>							
14. transfers skills across various work environments <input type="checkbox"/>							
15. organizes/maintains work area <input type="checkbox"/>							
16. maintains focus on task at hand <input type="checkbox"/>							
17. remains in work area until work is completed <input type="checkbox"/>							
18. maintains consistent work pace: <input type="checkbox"/>							
a. alone <input type="checkbox"/>							
b. with co-workers <input type="checkbox"/>							
19. demonstrates adequate speed <input type="checkbox"/>							
20. responds to prompts to increase/decrease work pace <input type="checkbox"/>							
21. demonstrates adequate accuracy <input type="checkbox"/>							
22. checks own work <input type="checkbox"/>							
23. corrects mistakes <input type="checkbox"/>							
24. indicates work finished <input type="checkbox"/>							
25. requests more work <input type="checkbox"/>							
26. maintains tools/equipment <input type="checkbox"/>							
Information Provider's Initials							

V. Employment**RESPONSE CODE:****1-Does not complete task****2-Does task with maximum assistance****3-Does task with minimum assistance****4-Only needs a verbal prompt****5-Does task independently**☐ = differing data or opinion exists

C. On the Job Skills (continued)	Gr. 8	Gr. 9	Gr. 10	Gr. 11	Gr. 12	Gr. 12+1	Gr. 12+2
27. returns tools/equipment to proper place <input type="checkbox"/>							
28. demonstrates safe work practices <input type="checkbox"/>							
29. recognizes/reports unsafe condition <input type="checkbox"/>							
30. responds appropriately to emergency <input type="checkbox"/>							
31. tolerates full day of work <input type="checkbox"/>							
32. tolerates repetitive tasks <input type="checkbox"/>							
33. demonstrates frustration tolerance/perseverance <input type="checkbox"/>							
34. able to work under pressure/meet deadlines/make rate <input type="checkbox"/>							
35. recognizes obligation to attend trainings, staffings, or other work related meetings <input type="checkbox"/>							
36. able to interpret/understand pay stub information <input type="checkbox"/>							
Information Provider's Initials							

V. Employment**RESPONSE CODE:****1-Does not complete task****2-Does task with maximum assistance****3-Does task with minimum assistance****4-Only needs a verbal prompt****5-Does task independently**☐ = differing data or opinion exists

D. Social Skills Related to Work	Gr. 8	Gr. 9	Gr. 10	Gr. 11	Gr. 12	Gr. 12+1	Gr. 12+2
1 requests help appropriately <input type="checkbox"/>							
2. interacts appropriately with coworkers/supervisor <input type="checkbox"/>							
a. during work activity <input type="checkbox"/>							
b. during break time <input type="checkbox"/>							
3. respects personal space of others <input type="checkbox"/>							
4. respects personal property of others <input type="checkbox"/>							
5. reports work related problems to supervisor <input type="checkbox"/>							
6. asks questions <input type="checkbox"/>							
7. explains problem to supervisor <input type="checkbox"/>							
8. keeps personal issues separate from work <input type="checkbox"/>							
9. accepts criticism <input type="checkbox"/>							
10. accepts compliments <input type="checkbox"/>							
11. provides compliments <input type="checkbox"/>							
12. offers help <input type="checkbox"/>							
13. accepts help <input type="checkbox"/>							
14. gives constructive criticism <input type="checkbox"/>							
15. reports if going to be late or sick <input type="checkbox"/>							
16. asks for time off or vacation <input type="checkbox"/>							
17. handles teasing appropriately <input type="checkbox"/>							
18. handles rejection appropriately <input type="checkbox"/>							
19. respects opinions/customs/differences of others <input type="checkbox"/>							
20. recognizes role of supervisor <input type="checkbox"/>							
21. recognizes role of job coach <input type="checkbox"/>							
22. demonstrates appropriate table manners/eating habits during break time <input type="checkbox"/>							
Information Provider's Initials							

VI. Community Living**RESPONSE CODE:**

1-Does not complete task

4-Only needs a verbal prompt

2-Does task with maximum assistance

5-Does task independently

3-Does task with minimum assistance

☐ = differing data or opinion exists

A. Hygiene/Grooming	Gr. 8	Gr. 9	Gr. 10	Gr. 11	Gr. 12	Gr. 12+1	Gr. 12+2
1. maintains personal grooming and hygiene <input type="checkbox"/>							
2. asks for help when needed <input type="checkbox"/>							
3. dresses appropriately for occasion --work, casual, etc. <input type="checkbox"/>							
4. uses assistive equipment please list:							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
Information Provider's Initials							

B. Self Care Skills	Gr. 8	Gr. 9	Gr. 10	Gr. 11	Gr. 12	Gr. 12+1	Gr. 12+2
1. shows awareness of dangers in home (e.g. poisons, appliances left on, lock doors, etc.) <input type="checkbox"/>							
2. knows how to get help and seek help in an emergency (e.g. use phone and get help) <input type="checkbox"/>							
3. addresses physical problems that arise (i.e. illness, pain, or bodily functions) <input type="checkbox"/>							
4. takes necessary medications according to instructions <input type="checkbox"/>							
5. wears/cares for eye glasses/contacts <input type="checkbox"/>							
6. uses other prosthetic devices/mobility aids as prescribed Please list:							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
7. knows general safety practices in community <input type="checkbox"/>							
Information Provider's Initials							

VI. Community Living**RESPONSE CODE:****1-Does not complete task****2-Does task with maximum assistance****3-Does task with minimum assistance****4-Only needs a verbal prompt****5-Does task independently**☐ = differing data or opinion exists

C. Household Tasks	Gr. 8	Gr. 9	Gr. 10	Gr. 11	Gr. 12	Gr. 12+1	Gr. 12+2
1. maintains personal space <input type="checkbox"/>							
2. performs every day household tasks Please list:							
_____ <input type="checkbox"/>	_____	_____	_____	_____	_____	_____	_____
_____ <input type="checkbox"/>	_____	_____	_____	_____	_____	_____	_____
_____ <input type="checkbox"/>	_____	_____	_____	_____	_____	_____	_____
_____ <input type="checkbox"/>	_____	_____	_____	_____	_____	_____	_____
3. plans nutritious menu <input type="checkbox"/>							
4. reads recipe directions/makes simple meal <input type="checkbox"/>							
5. uses telephone							
a. takes message <input type="checkbox"/>	_____	_____	_____	_____	_____	_____	_____
b. leaves message <input type="checkbox"/>	_____	_____	_____	_____	_____	_____	_____
6. cares for pets <input type="checkbox"/>							
Information Provider's Initials							

VI. Community Living

RESPONSE CODE:

- 1-Does not complete task
- 2-Does task with maximum assistance
- 3-Does task with minimum assistance
- 4-Only needs a verbal prompt
- 5-Does task independently

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D. Community Mobility	Gr. 8	Gr. 9	Gr. 10	Gr. 11	Gr. 12	Gr. 12+1	Gr. 12+2
1. uses local transportation systems when needed <input type="checkbox"/>							
2. crosses streets safely <input type="checkbox"/>							
3. knows process to obtain permit/license <input type="checkbox"/>							
4. plans route to/from various destinations <input type="checkbox"/>							
Information Provider's Initials							

RESPONSE CODE:

- 1-Does not complete task
- 2-Does task with maximum assistance
- 3-Does task with minimum assistance
- 4-Only needs a verbal prompt
- 5-Does task independently

☐ = differing data or opinion exists

E. Money Management	Gr. 8	Gr. 9	Gr. 10	Gr. 11	Gr. 12	Gr. 12+1	Gr. 12+2
1. understands the concept of money/change <input type="checkbox"/>							
2. adds and subtracts <input type="checkbox"/>							
3. understands the concept of bill paying <input type="checkbox"/>							
4. opens/uses checking/savings account <input type="checkbox"/>							
5. uses ATM/credit card <input type="checkbox"/>							
6. develops/follows a budget <input type="checkbox"/>							
Information Provider's Initials							

VI. Community Living

RESPONSE CODE:

1-Does not complete task

4-Only needs a verbal prompt

2-Does task with maximum assistance

5-Does task independently

3-Does task with minimum assistance

☐ = differing data or opinion exists

F. social Skills	Gr. 8	Gr. 9	Gr. 10	Gr. 11	Gr. 12	Gr. 12+1	Gr. 12+2
1. demonstrates appropriate behavior during activity <input type="checkbox"/>							
2. interacts appropriately with others during activity <input type="checkbox"/>							
3. accurately interprets social cues <input type="checkbox"/>							
4. demonstrates appropriate sexual behavior <input type="checkbox"/>							
Information Provider's Initials							

VII. Recreational and Leisure Skills

RESPONSE CODE:

Yes No

Recreation and Leisure Activities	Gr. 8	Gr. 9	Gr. 10	Gr. 11	Gr. 12	Gr. 12+1	Gr. 12+2
1. Performs/engages in various structured leisure activities Please list:							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
2. performs/engages in various unstructured leisure activities Please list:							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
3. accesses local entertainment options Please list:							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
Information Provider's Initials							

7/6/04

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CSA Update/Review

[illegible]